PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

742425-25

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN				
_			(Column 1)		(Column 2)		1	TYPE		OR	OR SMALL ENTITY				
TOTAL CLAIMS			4					RATE	FEE]	RATE	FEE			
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			ৰ minus 20=		* 0			X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			→ m	inus 3 =	* Ø	Ø		X43=		OR	X86=				
Μl	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=	·	OR	+290=				
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II										_	OTHER	THAN			
		(Column 1)	(Column 2)			(Column 3)	·	SMALL	ENTITY	OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=				
AME	Independent	*	Minus			=		X43=	!	OR	X86=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=				
								TOTAL			TOTAL				
		(Column 1)		(Colum	n 2)	(Column 3)	Al	DDIT. FEE			ADDIT. FEE				
		CLAIMS		HIGHE		(Column 5)	Г		ADDI-	1 1		ADDI-			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL			
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=				
AME	Independent	*	Minus	***		=		X43≐	•	OR	X86=				
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
							L	+145=	·	OR	+290=	•			
							, AE	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE				
		(Column 1)		(Columi		(Column 3)						·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=				
AME	Independent		Minus	***		=		X43=		OR	X86=	•			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		Ī					
• 11	* If the entry in column 1 is less than th									OR	+290=				
***	f the "Highest Nur f the "Highest Nur	nber Previously Painber Previously Pa	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												